



CITY OF GAHANNA, OHIO

DIVISION OF TAXATION

200 S. HAMILTON RD.

GAHANNA, OH 43230

471-4101

INCOME TAX RETURN

FOR THE CALENDAR YEAR 2000

FORM EZ

DUE ON OR BEFORE APRIL 16, 2001

YOUR SOCIAL SECURITY NO.

SPOUSE'S SOCIAL SECURITY NO.

IF MOVED DURING YEAR GIVE DATE OF MOVE AND CURRENT ADDRESS:

DATE

INTO GAHANNA:

NEW ADDRESS

DATE

OUT OF GAHANNA:

NEW ADDRESS

If name or address is incorrect, make necessary changes

IF ANY OF THE FOLLOWING ITEMS APPLY, YOU MUST USE THE LONG FORM IR:

1. Profit from income other than wages (EX: Federal Schedule C or E)
2. Business and/or Moving Expenses
3. Single Employer with Multiple Cities being withheld
4. Tax withheld for other cities whose tax rate is less than 1 1/2%
5. No city tax withheld and/or refund from another city.



VISA/MasterCard/Discover Accepted

Account # _____

Expiration Date _____

Signature _____

1. TOTAL WAGES, INCLUDE DEFERRED INCOME, RECEIVED BEFORE ANY PAYROLL DEDUCTIONS. FROM AN EMPLOYER WITHHOLDING FULL 1.5% TAX FOR GAHANNA.

PRINT EMPLOYER/CO. NAME	ACTUAL CITY OF EMPLOYMENT	GAHANNA TAX WITHHELD	WAGES, ETC.	MUST SUBMIT W-2(s)
		\$	\$	
		\$	TOTAL WAGES, ETC.	

If your ENTIRE salary has been TAXED at 1 1/2% and paid to Gahanna use this calculation:

2. Total Wages \$ _____ X 1.5% = \$ _____ LESS Gahanna Tax Withheld \$ _____ = \$ _____

3. ENTER TOTAL COMPENSATION RECEIVED BEFORE ANY PAYROLL DEDUCTIONS. FROM EMPLOYER OUTSIDE OF GAHANNA. INCLUDE DEFERRED INCOME.

PRINT EMPLOYER/CO. NAME	ACTUAL CITY OF EMPLOYMENT	GAHANNA TAX WITHHELD	WAGES, ETC.	MUST SUBMIT W-2(s)
		\$	\$	
		\$	TOTAL WAGES, ETC.	

If your entire salary has been TAXED by a city other than Gahanna whose tax rate is 1 1/2% or more, use this calculation: (SEE INSTRUCTIONS)

(IF Not Resident For Entire Year, Pro-rate Income on This Line) (SEE INSTRUCTIONS).

4. Total Wages Taxed At 1 1/2% or more \$ _____ X .25% (.0025) Balance Due = \$ _____

A. Gahanna Tax Withheld by Employer(s) \$ (_____)

Outside of Gahanna (Line 3 above)

B1. Payments on 2000 (After Dec. 15 Not Reflected)

Declaration of Estimated Tax \$ (_____)

B2. Other Payments and Credits in 2000 \$ (_____)

C. NET BALANCE DUE \$ _____

5. Total Tax Balance Due (Balance from Line 2 plus Balance from Line 4(C)) (Remittance Must Accompany this Return)

6. Add: (a) 5% Penalty PER MONTH and 1 1/4% Interest PER MONTH After April 16

(b) \$25.00 Penalty for Failure to File By April 16 (GAHANNA REQUEST FOR EXTENSION ENCLOSED)

7. Total Amount Due

8. Overpayment Claimed Enter Difference Here \$ _____

Enter Amount of Line 8 You Want Credited To Your Estimated Tax \$ _____ Refunded \$ _____

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND COMPLETE, AND THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES, (WITH THE EXCEPTION THAT DEFERRED INCOME MUST BE REPORTED FOR CITY INCOME TAX PURPOSES). IF RETURN NOT SIGNED, THIS IS NOT A LEGAL FINAL RETURN. TAXPAYER AND SPOUSE MUST SIGN, EVEN IF ONLY ONE HAS INCOME.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER (DATE)

SIGNATURE OF TAXPAYER OR AGENT (DATE)

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE

FORM

TAXPAYER COPY



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DATE

INTO GAHANNA:

NEW ADDRESS

DATE

OUT OF GAHANNA:

NEW ADDRESS

If name or address is incorrect, make necessary changes

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PRINT EMPLOYER/CO. NAME	ACTUAL CITY OF EMPLOYMENT	GAHANNA TAX WITHHELD	WAGES, ETC.	MUST SUBMIT W-2(s)
		\$	\$	
		\$	TOTAL WAGES, ETC.	\$

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		\$	\$	
		\$	TOTAL WAGES, ETC.	

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(IF Not Resident For Entire Year, Pro-rate Income on This Line) (SEE INSTRUCTIONS).

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SIGNATURE OF TAXPAYER OR AGENT (DATE)

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE

FORM

ORIGINAL COPY

INSTRUCTIONS

NON-TAXABLE INCOME - The following shall not be considered taxable income:

Capital gains	Income earnings of persons under 18 years of age
Welfare benefits	Income received as royalties from patents & copyrights
Unemployed benefits	Board of Election Income
Retirement Income	Workmen's Compensation
Social Security benefits	Alimony
Interest & dividends	
Military pay, reserve & active duty	

IF ANY OF THE FOLLOWING ITEMS APPLY, YOU MUST USE THE LONG FORM:

1. Profit from income other than wages (EX: Federal Schedule C or E)
2. Business and/or Moving Expenses
3. Single Employer with Multiple Cities being withheld
4. Tax withheld for other cities whose tax rate is less than 1½%
5. No city tax withheld and/or refund from another city

Line
No.

1. Total of all wages received which were taxed at 1½% and paid to Gahanna. Deferred income of any sort must be included for city tax purposes. This income is taxed by Cities when earned, not at retirement time as it is by the State and Federal Government.
2. Multiply total of Line 1 by 1½% minus the Gahanna Tax Withheld.
3. Total of all wages received which were taxed by a city other than Gahanna whose tax rate is 1½% or more. See list below for qualifying cities. Deferred income of any sort must be included for city tax purposes. This income is taxed by Cities when earned, not at retirement time as it is by the State and Federal Government. Value of Life Insurance over \$50,000.00 may need to be added to the wages to arrive at city tax basis.

CITIES - Tax Rate 1½% OR MORE

BEXLEY	HILLIARD
CANAL WINCHESTER	LANCASTER
CHILLICOTHE	LOGAN
CINCINNATI	MARION
CIRCLEVILLE	MT. VERNON
CLEVELAND	OBETZ
COLUMBUS	REYNOLDSBURG
DAYTON	SPRINGFIELD
DUBLIN	UPPER ARLINGTON
GRANVILLE	UTICA
GROVE CITY	WHITEHALL
GROVEPORT	WORTHINGTON
GRANDVIEW	ZANESVILLE
HEATH	

**NOTE: IF THE CITY SHOWN ON YOUR W-2(S)
DOES NOT APPEAR ON THIS LIST, YOU
MUST USE THE LONG FORM IR.**

Partial year residents pro-rate income for time lived in Gahanna. Include only income earned WHILE a Gahanna resident. Wages earned IN Gahanna CAN NOT be pro-rated.

4. Multiply total of Line 3 by .25% (.0025). Enter this amount here.
 - A. Enter Gahanna tax withheld by employer, outside of Gahanna (Line 3 above).
 - B1. Enter Payments and Credits on 2000 Declaration of Estimated Tax.
 - B2. Enter all other Payments and Credits in 2000.
 - C. Net Balance Due (Line 4 minus Line 4(A) and/or Line 4(B)).
5. Total Tax Balance Due (Total from Line 2 plus Total from Line 4(C)); PAYMENT IN FULL MUST ACCOMPANY RETURN TO AVOID PENALTY AND INTEREST FROM DUE DATE. IF total tax due is less than one dollar, no payment is required.
6. (a.) If return is filed AFTER April 16, 2001, 5% penalty PER MONTH and interest of 1¼% PER MONTH must be added to tax due;
(b.) \$25.00 penalty for failure to file a return by the due date.
7. Total of Line 5 & Line 6.
8. Any overpayment will be applied to your Declaration for 2001 or carried forward as a credit unless it appears there will be no tax liability. No refunds will be made for amounts less than \$1.00.